MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18

03783

CERTIFICATE OF DEATH

Reg. Diat. No. 61

1. PLACE OF DEATH:

County: Caroline

City or town: Greensboro Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Caroline

City or town: Greensboro Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Charles D. Bilbrough.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married.

6.(b) Name of husband or wife: Elizabeth Shortley.

6.(c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): Nov. 13. 1874

8. AGE:

Years	Months	Days	If less than one day
70	4	18	hrs. min.

9. Birthplace: Philadelphia Pa.

(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER

12. Name: Samuel Bilbrough

13. Birthplace: Pen.

MOTHER

14. Maiden name: Catherine Alwine

15. Birthplace: Pen.

16. Informant: Mrs. Elizabeth Bilbrough.

Address: Greensboro Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 4/1945 (month) (day) (year)

Cemetery or crematory: Greensboro.

Location: Greensboro Md.

18. Funeral director: Raymond B. Rawlings

Address: Greensboro Md.

19. Apr 3 1945 L. McLeggin

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 1 1945 at 10 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 4 1944, to April 1 1945 and that I last saw h. i.m. alive on March 31, 1945

Immediate cause of death	DURATION
Chronic Myocarditis	
Due to Senile Atherosclerosis	
Due to	
Other conditions Terminal Cystitis	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Charles H. Hovermale M.D.

M. D. or other

Address: Greensboro Md Date signed: 4-3-1945

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (80)

CERTIFICATE OF DEATH

03784

Reg. Diat. No. 63

1. PLACE OF DEATH:

County: Caroline

City or town: Preston - Rural
(If ootside city or towo limits, write RURAL and give nearest town)

How long in above place of death? 18 years

Hospital, Institution, or street address where death occurred:
Near Harmony

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newboro iofants give resideoce of mother)

State: Maryland County: Caroline

City or town: Preston - Rural
(If ootside city or town limits, write RURAL aod give nearest towo)

Street No. Near Harmony
(If rural, give LOCATION)

2.(a) If veteran, name war —

3.(a) FULL NAME: W. Dudley Biscoe

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Sadie E. Biscoe

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): July 8, 1877

8. AGE:	Years	Months	Days	If less than one day
	67	9	13	..... hrs. ..... min.

9. Birthplace: Millington, Maryland
(Town, coonty, and state)

10. Usual occupation: Farmer

11. Industry or business: Farm

FATHER
12. Name: James Edward Biscoe
13. Birthplace: Queen Anne County, Maryland

MOTHER
14. Maiden name: — Elbert
15. Birthplace: Queen Anne County, Maryland

16. Informant: J. Edward Biscoe
Address: Preston, Maryland, R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 25 1945 (month) (day) (year)

Cemetery or crematory: Linchester Cemetery

Location: Near Preston, Maryland

18. Funeral director: J. J. Frampton and Son

Address: Fredericksburg, Maryland

19. April 24 1945 (Date rec'd by registrar) C. D. Plummer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 21 1945, at 7:55 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 11 1945, to April 21 1945 and that I last saw h— alive on April 20 1945

Immediate cause of death	DURATION
Cerebral Hemorrhage	10 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or towo) (Coonty) (State)

Injured at home, farm, Industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Paul Watts M. D. or other

Address: Denton, Md. Date signed 4/23/45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (53)

04335

CERTIFICATE OF DEATH

Reg. Dist. No. 66

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Caroline
City or town: Ridgely (Trinity)
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Caroline
City or town: Ridgely (Trinity)
(If outside city or town limits, write RURAL and give nearest town)
Street No. Trinity
(If rural, give LOCATION)
2.(a) If veteran, name war: None

3.(a) FULL NAME: Dorothy May Brown

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Feminine	Colored	Single

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): December 19, 1927

8. AGE:

Years	Months	Days	If less than one day
17	3	23	hrs. min.

9. Birthplace: Ridgely, Caroline Co. Maryland
(Town, county, and state)
10. Usual occupation: School girl
11. Industry or business: School
FATHER 12. Name: Isaac Earl Brown
13. Birthplace: Md.
MOTHER 14. Maiden name: Helen Louise Flamer
15. Birthplace: Md.
16. Informant: Helen L. Brown - mother
Address: Ridgely, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 4/15/45 (month) (day) (year)
Cemetery or crematory: West Denton.
Location: Denton Md.
18. Funeral director: Raymond B Rawlings
Address: Greensboro Md.
19. Apl 13 1945 (Date rec'd by registrar) J D Davis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 12 1945, at 1:45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April Nov 9 1943, to April 12 1945 and that I last saw h e alive on April 12 1945

Immediate cause of death	DURATION
Disseminated Lupus Erythematosus	
Libmans-Sacks Disease	20 mos
Due to Libmans-Sacks Disease, etc.	
Disseminated Lupus Erythematosus	
Due to Underlying Cause: Unknown. Study of	
Other conditions Not due to cancer.	

(Include pregnancy within 3 months of death)

Major findings of operations: none
Date of op.
Autopsy results: no
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: J Stuart Fisher M.D.
M. D. or other
Address: Ridgely Md Date signed 4-13-45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (P.D.)

CERTIFICATE OF DEATH

03785

Reg. Dist. No. 66

1. PLACE OF DEATH:

County: Caroline

City or town: Ridgely rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? three months

Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Ridgely

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Rural

(If rural, give LOCATION)

2.(a) If veteran, name war: none

3.(a) FULL NAME: William Thomas Brown

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	col	widowed

6.(b) Name of husband or wife: Annie Brown

6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): Unknown

8. AGE: Years	Months	Days	If less than one day
about 78			..... hrs. ..... min.

9. Birthplace: Greensboro Caroline Co. (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: farming

FATHER 12. Name: Charles A. Brown

13. Birthplace: Md

MOTHER 14. Maiden name: Susan Warner

15. Birthplace: Md

16. Informant: Blanche Forbes

Address: Ridgely Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 21 1945 (month) (day) (year)

Cemetery or crematory: Unison.

Location: Greensboro Md.

18. Funeral director: Raymond B. Rawlings

Address: Greensboro Md.

19. April 20 1945 (Date rec'd by registrar) J. D. Davis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 17 1945, at 8:05 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 4 1945 to April 17 1945

and that I last saw him alive on April 17 1945

	DURATION
Immediate cause of death:	
myocodial failure	6 hrs
Due to: Arteriosclerosis	years
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: none

Date of op.:

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: J. Forbes M.D. M. D. or other

Address: Ridgely Md Date signed: 4-18-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Evidence for change of name of deceased is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03786

FILM No. G95 JUN 4 1945

Reg. Diat. No. 62

1. PLACE OF DEATH:

County: Caroline

City or town: Near Denton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Caroline

City or town:

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Carlisle Emma Carlisle Rose Ellen Carlisle

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W.	S.

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Jan. 28 1945

8. AGE: Years | Months: 3 | Days: 3 | If less than one day: hrs. min.

9. Birthplace: Near Denton

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name: John Carlisle

13. Birthplace: Maryland

MOTHER 14. Maiden name: Sally Coleman

15. Birthplace: Del

16. Informant: John Carlisle

Address: R.D. Denton Md

17. Buried (Burial, cremation, or removal. Which?) Data thereof 4-30-45 (month) (day) (year)

Cemetery or cremetory: Rural Grove Cemetery

Location: Near Denton

18. Funeral director: J. Virgil Anson Est.

Address: Denton - Md.

18. 4/30/1945 (Date rec'd by registrar) M D Yeager Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 29 1945, at 7 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19

and that I last saw h alive on 19

	DURATION
Immediate cause of death: Dead on Arrival	
Due to: Terrible Pneumonia	3 days
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Dawson D George Coro M. D. or other

Address: Denton Date signed 4/30/45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

CERTIFICATE OF DEATH

03787

Reg. Dist. No. 63

1. PLACE OF DEATH:

County: Caroline

City or town: Preston - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? life

Hospital, Institution, or street address where death occurred: Near Bethlehem

How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Preston - Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Near Bethlehem

(If rural, give LOCATION)

2.(a) If veteran, name war: -

3.(a) FULL NAME: M. Ida Chambers

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	widowed

6.(b) Name of husband or wife: Bascom Chambers

6.(c) If alive, give age: - years

7. Birth date of deceased (mo., day, yr.): May 20, 1865

8. AGE: Years: 79 | Months: 10 | Days: 16 | If less than one day: ...hrs. ...min.

9. Birthplace: Caroline County, Maryland (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: Home

FATHER — 12. Name: Edward Todd

FATHER — 13. Birthplace: Caroline County, Maryland

MOTHER — 14. Maiden name: Margaret Slater

MOTHER — 15. Birthplace: Caroline County, Maryland

16. Informant: Mrs. Alston Frampton

Address: Preston, Maryland, R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 9, 1945 (month) (day) (year)

Cemetery or crematory: Union Grove Cemetary

Location: Near Preston, Maryland

18. Funeral director: J. F. Frampton and Son

Address: Federalsburg, Maryland

19. 4/8/1945 (Date rec'd by registrar) C. W. Plummer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 6, 1945, at 1:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 22, 1945, to April 6, 1945, and that I last saw h.. alive on March 22, 1945

Immediate cause of death	DURATION
Cerebral Thrombosis	
Due to: Arteriosclerosis	15 yrs
Due to: Hypertension	10 yrs
Other conditions	

(Include pregnency within 3 months of death)

Major findings of operations: ... Date of op. ...

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ... Date of ...

Where did injury occur? ... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ...

Means of injury ... Injured at work?

23. SIGNATURE: Lucy B. Plummer M. D. or other

Address: Preston, Md. Date signed: 4/7/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03788

Reg. Diat. No. 62

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Caroline
City or town near Denton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 25 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Caroline
City or town near Denton
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Mary Beetem Evergam.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W.	married

6.(b) Name of husband or wife Kirwan Evergam
6.(c) If alive, give age 60 years
7. Birth date of deceased (mo., day, yr.) Nov. 12 1884

8. AGE:

Years	Months	Days	If less than one day
56	5	1	hrs. min.

9. Birthplace Caroline Penn. (Town, county, and state)
10. Usual occupation at home
11. Industry or business

FATHER
12. Name Harry F Beetem
13. Birthplace Penn.

MOTHER
14. Maiden name Mary Beetem
15. Birthplace Penn.

16. Informant Kirwan Evergam
Address Denton Md

17. Buried (Burial, cremation, or removal: Which?) Date thereof 4-20-45 (month) (day) (year)
Cemetery or crematory Concord Cemetery
Location Denton Md.
18. Funeral director J. Ewell Dawson
Address Denton Md.

19. 4/19 1945 M A Geary Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 18 1945, at 7:30 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 18 1945, to April 18 1945
and that I last saw her alive on April 18 1945

Immediate cause of death	DURATION
Due to Acute Myocarditis	Sudden
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Dawson O Teague M. D. or other
Address Denton Md Date signed 4/19/45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18-a

03789

CERTIFICATE OF DEATH

Reg. Dist. No. 68

1. PLACE OF DEATH:
County: Caroline
City or town: Maydell.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 years 6 mts
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Caroline
City or town: Maydell.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Rache Frozier

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widowed.

6.(b) Name of husband: Calvin Frozier.
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Sept 24, 1860

8. AGE: Years	Months	Days	If less than one day
84	6	13	..... hrs. ..... min.

9. Birthplace: Maydell Md.
(Town, county, and state)
10. Usual occupation: Housewife.
11. Industry or business

FATHER
12. Name: Josiah Steel
13. Birthplace: Del.

MOTHER
14. Maiden name: Anna Aron
15. Birthplace: Del.

16. Informant: Mrs. Seward Daily
Address: Maydell Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 11, 1945 (month) (day) (year)
Cemetery or crematory: St Thomas Chapel.
Location: Near Maydell Md.

18. Funeral director: Ray mond B. Rawlings
Address: Greensboro Md.

19. 4-9 1945 (Date rec'd by registrar) A C Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 7 1945 at 8:40 P. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from March 10 1945 to April 7 1945
and that I last saw her alive on April 6 1945

Immediate cause of death	DURATION
Arteriosclerosis & Chronic Cardio-Vascular Disease	
Due to: Accidental fall. Fell down steps in home. Fracture Neck of Left Femur	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident. Date of March 10, 1945
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) At home.
Means of injury: Accidental fall. Injured at work?

23. SIGNATURE: Charles H. Howenstine M.D.
M. D. or other
Address: Greensboro Md. Date signed: 4-9-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 48-a

03790

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County Caroline

City or town Federalsburg
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 45 years

Hospital, Institution, or street address where death occurred:
North Main Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Federalsburg
(If outside city or town limits, write RURAL and give nearest town)

Street No. North Main Street
(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME Mary V. McCrea

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife Thomas S. McCrea

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) September 1, 1883

8. AGE:	Years	Months	Days	If less than one day
	61	7	1	...hrs. ...min.

9. Birthplace Sussex County, Delaware
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business Home

FATHER
12. Name J. Gardner Wells
13. Birthplace Sussex County, Delaware

MOTHER
14. Maiden name Sarah Pettitt
15. Birthplace Sussex County, Delaware

16. Informant Mrs. Leonard Travers

Address Federalsburg, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 4 1945 (month) (day) (year)

Cemetery or crematory Hill Crest Cemetery

Location Federalsburg, Maryland

18. Funeral director J. J. Frampton and Son

Address Federalsburg, Maryland

19. April 4 1945 (Date rec'd by registrar) S. S. Frampton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1945, at 11 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 12 1945 to April 2, 1945 and that I last saw h.e.r. alive on April 2, 1945

Immediate cause of death	DURATION
Cerebral Hemorrhage	2 hrs.
a generalized sclerosis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank M. Anderson M.D.
M. D. or other

Address Federalsburg, Md. Date signed 4/4/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

(I)

(T)

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (14a)

03791

CERTIFICATE OF DEATH

Reg. Diat. No. 66

1. PLACE OF DEATH:
County Caroline.
City or town Ridgely Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Caroline
City or town Ridgely.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Harriet Perkins.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C	Widowed.

6.(b) Name of husband or wife George Perkins.
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) April 2 1876

8. AGE: Years	Months	Days	If less than one day
69	10	10	..... hrs. ..... min.

9. Birthplace Easton Talbot Md.
(Town, county, and state)
10. Usual occupation Housewife.
11. Industry or business
FATHER 12. Name Harry Hughes.
13. Birthplace Md
MOTHER 14. Maiden name Chanville Hughes.
15. Birthplace Md.
16. Informant Estella Wright.
Address 396 E. 9th. Street Wilmington
17. Burial (Burial, cremation, or removal. Which?) Date thereof April 14, 45 (month) (day) (year)
Cemetery or crematory Chapel.
Location Cordova Md.
18. Funeral director Raymond B. Rawlings
Address Denmarks Md.
19. April 13 19 45 J. D. Davis
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 11 19 45 at 10:00 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

	DURATION
Immediate cause of death	
Due to Coronary Occlusion	Sudden
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations .....
Date of op. .....
Autopsy results .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE Lawson D George Cor.
M. D. or other
Address Denton Date signed 4/13/45

PLEASE WRITE PLAINLY, WITH NON-FADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (462)

CERTIFICATE OF DEATH

03792

Reg. Diat. No. 60

1. PLACE OF DEATH:
County Caroline.
City or town Marydel. Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 23 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Caroline
City or town Marydel Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Martha Reder

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W	Married.

B.(b) Name of husband or wife James Reder.
B.(c) If alive, give age 55 years
7. Birth date of deceased (mo., day, yr.) Jan. 28. 1892

8. AGE: Years	Months	Days	If less than one day
53	2	17	hrs. min.

9. Birthplace Austria Hungary. (Town, county, and state)
10. Usual occupation Housewife.
11. Industry or business
FATHER 12. Name Steve Kapaes.
13. Birthplace Austria
MOTHER 14. Maiden name Theresa Benas.
15. Birthplace Austria
16. Informant James Reder
Address Marydel Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof April 17, 45. (month) (day) (year)
Cemetery or crematory Templeville
Location Templeville Md
18. Funeral director Raymond B. Rawlings.
Address Greensboro Md.
19. 4-16 1945 A C Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 1945, at 1.50 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Well 1942, to April 14 1945
and that I last saw h.... alive on April 1 1945

Immediate cause of death	DURATION
Cancer of Rectum	
Due to Phlebitis	
Due to Asthma	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings of operations Cancer of Rectum
Date of op. 1943
Autopsy results —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide No Date of —
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work? —

23. SIGNATURE C H Mitchell M. D. or other
Address Ruthsburg Md Date signed 4/16/45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

CERTIFICATE OF DEATH

03793

Reg. Dist. No. 62

1. PLACE OF DEATH:
County: Caroline
City or town: Near Denton
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 15 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Caroline
City or town: Near Denton
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Emma Seiler

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W.	married

6.(b) Name of husband or wife: Michael Seiler
6.(c) If alive, give age: 60. years

7. Birth date of deceased (mo., day, yr.): Feb. 6th 1894

8. AGE:	Years	Months	Days	If less than one day
	51	3	17	...hrs. ...min.

9. Birthplace: Germany (Town, county, and state)
10. Usual occupation: at home
11. Industry or business
FATHER 12. Name: Elias Muntzenthaler
13. Birthplace: Germany
MOTHER 14. Maiden name: Susan Doigkie
15. Birthplace: Germany
16. Informant: Michael Seiler
Address: Denton, Md.
17. Buried (Burial, cremation, or removal. Which?) Date thereof 4-27-45 (month) (day) (year)
Cemetery or crematory: Holy Cross Cemetery
Location: Near Denton
18. Funeral director: J. Virgil Emerson
Address: Denton, Md.
19. 4-27 1945 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 24 1945, at 8. P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1 1944, to April 24 1945
and that I last saw her alive on April 24 1945

Immediate cause of death	DURATION
Adeno-Carcinoma of Breast with Metastases	
Due to: to spine & meninges	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Radical Breast - Adeno carcinoma Date of op. 7-13-43
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Clark W. Emerson M.D.
M. D. or other
Address: Greensboro, Md. Date signed: 4-26-1945

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Evidence for addition of residence of deceased is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03794

CERTIFICATE OF DEATH

Reg. Dist. No. 63

FILM No. G 95 MAY 25 1945

1. PLACE OF DEATH:
County Caroline
City or town Choptank near Preston, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 50 yrs.
Hospital, institution, or street address where death occurred: no
How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Near Preston
(If outside city or town limits, write RURAL and give nearest town)
Street No. Choptonk
(If rural, give LOCATION)
2.(a) If veteran, name war no

3.(a) FULL NAME John W. Spence

3.(b) Social Security Number no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	white	married

6.(b) Name of husband or wife Elsie Spence
6.(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) March 27, 1858

8. AGE: Years	Months	Days	If less than one day
87	—	4	...hrs. ...min.

9. Birthplace Churchill, Md. (Town, county, and state)
10. Usual occupation retired
11. Industry or business "

FATHER
12. Name John Spence
13. Birthplace Md

MOTHER
14. Maiden name Martha Jones
15. Birthplace Md.

16. Informant Mrs. Elsie Spence
Address Preston, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 4, 1945 (month) (day) (year)
Cemetery or crematory Choptank Cemetery
Location Choptank, Md.
18. Funeral director H. Harvey Williamson
Address Federalsburg, Md.

19. 4/3 1945 (Date rec'd by registrar) Cordelia D. Plummer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 1945, at 3:45 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/1 1938, to April 1 1945, and that I last saw h... alive on March 28 1945

Immediate cause of death Carcinoma of Rectum c Metastasis — DURATION 2 years
Due to C
Due to
Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

Major findings of operation None — Date of op. None
Autopsy results None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE Lucy B. Turner M. D. or other
Address Preston Md. Date signed 4/8/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03795

Reg. Diat. No. 61

1. PLACE OF DEATH:
County: Caroline.
City or town: Greensboro
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 mos.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Caroline
City or town: Greensboro
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Norman Wales.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W.	Married

6.(b) Name of husband or wife: Ada Wales

6.(c) If alive, give age: 51 years

7. Birth date of deceased (mo., day, yr.): Aug 27. 1893

8. AGE:

Years	Months	Days	If less than one day
51	7	12	hrs. min.

9. Birthplace: Fellon Del.
(Town, county, and state)

10. Usual occupation: Farmer.

11. Industry or business

MOTHER FATHER
12. Name: York Wales.
13. Birthplace: Del.

MOTHER
14. Maiden name: Vinty Kemp
15. Birthplace: Del

18. Informant: Ada Wales.
Address: Greensboro Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 12. 1945.
(month) (day) (year)
Cemetery or crematory: Greensboro
Location: Greensboro Md.

18. Funeral director: Raymond B. Rawlings
Address: Greensboro Md.

19. Apr. 11 1945 (Date rec'd by registrar) L. MacLinn Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 8 1945, at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 8 1945, to April 8 1945
and that I last saw him alive on April 8 1945

Immediate cause of death	DURATION
Crushing of Chest	
with internal injuries	17 hrs.
Due to	
Automobile accident	
Due to	
Other conditions Hypostatic	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Automobile Date of: April 8 1945
Where did injury occur? Greensboro (City or town) Ca. (County) Maryland (State)
Injured at home, farm, industry, public place (where?) On Greensboro Md
Means of injury: Truck Collision Injured at work?

23. SIGNATURE: Chas H Stevenson M D
M. D. or other
Address: Greensboro Md. Date signed: 4-9-45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING